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CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
 UNITED STATES PATENT AND TRADEMARK OFFICE

DATE: July 16, 2003

TO: Examiner: Janet M. Wilkens : *RE: U.S. Patent Application*
Art Unit: 3647 : *Serial No.: 09/930,721*
Fax: 703-872-9326 : *Applicant: Max Douglas Oyler, et al.*
From: Thomas M. Fisher : *Atty. Dkt. No.: 9D-DW-19866*

DOCUMENTS SUBMITTED WITH TRANSMISSION:

Facsimile Transmittal (1 pg.);
Amendment Transmittal (3 pgs.);
Amendment in Response to Office Action of June 9, 2003 (11 pgs.);
Submission of Marked Up Claims (2 pgs.)

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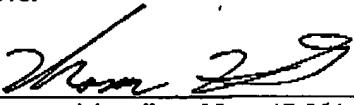
Total pages including cover page: 17
If all pages are not received, please contact: Mandy Robinson at Ext. 7447

RE: The above referenced U.S. Patent Application
Title: DISHWASHER DOOR ASSEMBLY
Filed: August 15, 2001

Official

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number 703-872-9326 on the date shown above.


 Thomas M. Fisher, Reg. No.: 47,564

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PATENT
Attorney Docket No.: 9D-DW-19866

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Max Douglas Oyler, et al. : Group No.: 3647

Serial No.: 09/930,721 : Examiner: Wilkens, Janet M.

Filed: August 15, 2001 :

For: DISHWASHER DOOR ASSEMBLY :

Mail Stop Non Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

Official

Official

1. Transmitted herewith is:
 - Facsimile Transmittal (1 pg)
 - Amendment Transmittal (3 pgs)
 - Amendment in Response to Office Action of June 9, 2003 (11 pgs)
 - Submission of Marked Up Claims (2 pgs)

STATUS

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THE COMMISSIONER FOR PATENTS

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Date:

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

_____, Reg. No.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 410.00	\$ 205.00
<input type="checkbox"/> third month	\$ 930.00	\$ 465.00
<input type="checkbox"/> fourth month	\$1,450.00	\$ 725.00
<input type="checkbox"/> fifth month	\$1,970.00	\$ 985.00

Fee Due	\$
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If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		ADDITIONAL RATE FEE OR		ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=	x \$9 = \$			x \$18 = \$
		MINUS		=	x \$42 = \$			x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$140 = \$			+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$	

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$ _____

FEE PAYMENT

5. _____ Attached is a check in the sum of \$ _____

Charge Deposit Account No. 01-2384 the sum of \$ _____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:


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